

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ____ of this attachment (see 3. above).

TN No. <u>MS-91-24</u>	Approval Date <u>JAN 20 1992</u>	Effective Date <u>NOV 01 1991</u>
Supersedes		
TN No. <u>(new page)</u>		

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Other	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Medicaid					
Recipients	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Dual	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
Eligible					
(QMB Plus)	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

TN No. <u>MS-91-24</u>	Approval Date <u>JAN 20 1992</u>	Effective Date <u>NOV 01 1991</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

N/A

TN No. MS-91-24
Supersedes Approval Date JAN 20 1992 Effective Date NOV 01 1991
TN No. (new page)

HCFA ID: 7982E

STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES
Donald S. Leuenberger
Director



E. Benjamin Nelson
Governor

March 29, 1996

Robert L. Epps
Acting Associate Regional Administrator
for Medicaid
Room 227, Federal Office Building
Kansas City, MO 64106

Dear Mr. Epps:

Enclosed are the assurances supporting State Plan Amendment MS-96-3 regarding obstetrical and pediatric fee-for-service payment rates and participation rates.

The method used to assure adequate practitioner participation in the provision of these services is a comparison to the 50 percent standard. For obstetrical services, the total of the licensed obstetrical/gynecological and family practice physicians was used. For pediatric services, the total of the licensed pediatric and family practice physicians was used. For both services, the total licensed Nebraska participation count was taken from the most current data of the Nebraska Department of Health, the State Licensing Agency. This is the same method that was used in previous assurances.

Please note that the rates included in this SPA were increased by approximately 5 percent effective July 1995. The Department anticipates a similar increase to be effective July 1996.

You will note the Medicaid participation rates show a range of 59.7 percent for the Omaha obstetrical percentage to 100 percent for providers in four districts for pediatric providers and obstetrical providers. Medicaid staff have targeted efforts toward increasing access for care in the Lincoln/Lancaster district; we are glad to see the 12 % increase in participation in both the obstetrical and pediatric providers in Lincoln. Again, the percentages clearly indicate that Nebraska meets the 50 percent standard for both obstetrical and pediatric provider participation in all areas of the state. The State assures that the obstetrical and pediatric services (for which rates are listed in MS-96-3) are available to Medicaid clients at least to the extent that the services are available to the general population in the same geographic area.

In addition, Medicaid managed care is being phased-in for our clients, beginning in August 1995. Enrollment with a managed care plan provides each pregnant woman and child with a primary care physician who is responsible for coordinating access to needed services. We believe that this delivery method provides access to care that meets or exceeds the fee-for-service access. As managed care is implemented, we are tracking provider participation. In addition, to encourage provider participation, the Department has established a toll-free helpline for Medicaid managed care providers.

State

TR# 96-03

Effective Date JUL 01 1996
Approval Date JUN 19 1996


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MEDICAID
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The Department has also provided several information/training opportunities to encourage providers to participate in Medicaid managed care.

If you have any questions regarding this information, please contact Sandi Kahlandt at (402) 471-9366.

Sincerely,



Robert J. Seiffert
Administrator, Medical Services Division

Enclosure

cc: Bonnie Bailey-Howard, HCFA

STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

Mary Dean Harvey

HHS
HCFA-MEDICAID
REGION VII

94 APR -7 AM 6:45



E. Benjamin Nelson
Governor

April 1, 1994

Mr. Richard P. Brummel
Associate Regional Administrator
for Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, MO 64106

RE: SPA MS-94-3

Dear Mr. Brummel:

This letter provides assurances supporting State Plan Amendment MS-94-3 regarding obstetrical and pediatric fee-for-service payment rates.

Nebraska has attempted to improve access to primary care with the provisions of LB 805, which was passed by the 1993 Legislature. This law imposes a tax on physicians who are licensed to practice medicine and surgery in Nebraska. The tax is used to increase fees paid to physicians for primary care services provided to Medicaid clients. The rates listed in this plan amendment include the increases resulting from the LB 805 tax.

The method used to assure adequate practitioner participation in the provision of these services is a comparison to the 50% standard. For obstetrical services, the total of licensed obstetrical-gynecological and family practice physicians was used. For pediatric services, the total of the licensed pediatric and family practice physicians was used. For both services, the total licensed Nebraska practitioner count was taken from the most current data of the Nebraska Department of Health, the state licensing agency.

An unduplicated count of Medicaid participating providers is not readily available from Medicaid paid claims data. This is because individual physicians may practice in several different clinic locations. Therefore, a method to unduplicate the provider count was used. The practitioners in each speciality, using their unique license number, as a percentage of total provider numbers (including individuals, group practices, clinics, etc.) on the Medicaid provider file was applied to six months of paid claims data to unduplicate the count of service rendering providers.

State Plan Amendment 94-3
Supersedes TMS
Effective Date 07/01/93
Approval Date MAY 04 1994

P.O. Box 95026 • Lincoln, Nebraska 68509-5026 • Phone (402) 471-3121

TDD/TT (Telephone for the Hearing Impaired) (402) 471-9570 TDD/TT

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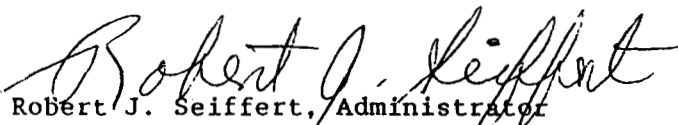
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April 1, 1994
Page Two

The results are listed on page 9 of item 5 which was submitted in the plan amendment. The Medicaid participation rates range from a low of 64.4% for the Omaha Metro obstetrical providers to a high of 100.0% for Southwest and North Central obstetrical providers and for the Panhandle, Southwest, and North Central pediatric providers. Overall, the State averages are 81.6% for obstetrical providers and 82.9% for pediatric providers. The percentages clearly indicate that Nebraska meets the 50% standard for both obstetrical and pediatric provider participation in all areas of the state. The State assures that the obstetrical and pediatric services (for which rates are listed in MS-94-3) are available to Medicaid clients at least to the extent that the services are available to the general population in the same geographic area.

If you have any questions regarding this information, please contact Sandi Kahlandt at (402) 471-9366.

Sincerely,


Robert J. Seiffert, Administrator
Medical Services Division

NS:KK4090P

cc: Bonnie Bailey-Howard

ite Plan TN# 94-3 Effective Date 07/01/93
Supersedes TN# _____ Approval Date MAY 04 1994

STATE OF NEBRASKA

STATE MEDICAID
REGION VII

DEPARTMENT OF SOCIAL SERVICES

Mary Dean Harvey
Director

91 APR -1 AM 9:42



E. Benjamin Nelson
Governor

March 25, 1991

Mr. Richard P. Brummel
Associate Regional Administrator for Medicaid
Federal Office Building, Room 227
601 East 12th Street
Kansas City, MO 64106

Dear Mr. Brummel:

Enclosed is State Plan Amendment MS-91-7, which deals with payment for obstetrical and pediatric rates. The Department has enclosed the rate and access information as required by law. Please note the rates provided are effective through June 30, 1991. Rate changes are planned with the fee schedule update effective July 1, 1991. The fee schedule rate changes are predicated on the Department's budget. The final budget beginning July 1, 1991, will not be known until the State Legislature acts on it sometime in June. Therefore, per the advice of Bonnie Bailey-Howard, we are submitting the rates currently being paid through June 30, 1991, and will submit the rates to be effective July 1, 1991, as soon as the budget is known and the rates are determined.

In addition, because of recent activities, we are hopeful that access to care is improving for Medicaid-eligible persons in the Panhandle area of the state. Since the State Plan Amendment MS-90-18, three family practice physicians from the Panhandle area of the State have become enrolled and are participating in the Nebraska Medicaid program. Another activity which is expected to affect access positively in the Panhandle area is the awarding of a SPRANS grant to the University of Nebraska, Department of Pediatrics and the Nebraska Chapter of the American Academy of Pediatrics for their Rural Partnership for Children project. This project will provide pediatric support and consultation services to the family physicians practicing in the northwest portion of Nebraska who are treating children with special health care needs. Both partners of the grant have a history of being supportive to delivering health care to Medicaid eligible children.

If you have any questions regarding this submittal, please contact Bob Seiffert at (402) 471-9330.

Sincerely,

Mary Dean Harvey
Mary Dean Harvey, Director
Nebraska Department of Social Services

State Plan TN# 91-07

Effective Date 07/01/91

Supersedes TN# _____

Approval Date 04/17/91

SK:KK1073T

Enclosures

P.O. Box 95026 • Lincoln, Nebraska 68509-5026 • Phone (402) 471-3121

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STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

KAY A. ORR
GOVERNOR

KERMIT R. McMURRY
DIRECTOR

November 21, 1990

Bonnie Bailey-Howard
Health Care Financing Administration
Room 227
601 East 12th Street
Kansas City, MO 64106

Dear Bonnie:

Our research people have found six general practitioners in the Panhandle District of Nebraska that are providing services under procedure codes 59000 through 59899.

Please alter our data sent you on October 15, 1990 to show, for the Panhandle District, 23 Medicaid obstetrical providers over 44 obstetrical practitioners for a participation percentage of 52 percent.

Sincerely,

Melvin L. Clothier

Melvin L. Clothier
Administrator, Medical Programs
Medical Services Division

MC:sk

MS 90-18

Approval Date 12/3/90

Effective Date 7/1/90



STATE OF NEBRASKA

DEPARTMENT OF SOCIAL SERVICES

KAY A. ORR
GOVERNOR

KERMIT R. McMURRY
DIRECTOR

October 15, 1990

Mr. Richard P. Brummel
Associate Regional Administrator for Medicaid
Federal Office Building, Room 227
601 East 12th Street
Kansas City, MO 64106

Dear Mr. Brummel:

This letter transmits a revised geographic breakdown, requested by your office, of assurances supporting State Plan Amendment MS-90-18 regarding obstetrical and pediatric fee-for-service payment rates.

The results are enclosed, with the percentages indicating the participation rate of Medicaid providers.

The percentages clearly indicate that Nebraska meets the 50 percent standard for both obstetrical and pediatric provider practitioner participation. The State assures that the obstetrical and pediatric services (for which rates are listed in MC-90-18) are available to Medicaid clients at least to the extent that the services are available to the general population in the same geographic area.

Questions regarding this letter of assurance may be directed to Melvin Clothier in our Medical Services Division.

Sincerely,

Deb Thomas

Deb Thomas, Director
Nebraska Department of Social Services

MC:RR0284HH

Enclosure

MS 90-18

Approval Date 12/3/90

Effective Date 7/1/90